

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050741

FILED
Jan 08, 2009
Secretary of State

Entity Name: DEPLOYMENT ESSENTIALS, LLC

Current Principal Place of Business:

19644 TIMBERBLUFF DR.
LAND O LAKES, FL 34638 US

New Principal Place of Business:

Current Mailing Address:

19644 TIMBERBLUFF DR.
LAND O LAKES, FL 34638 US

New Mailing Address:

FEI Number: 26-2663669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARNER, ERNEST T
6308 AXELROD ROAD
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

ROGERS, SPENCER L
19644 TIMBERBLUFF DRIVE
LAND O LAKES, FL 34638 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SPENCER L ROGERS

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROGERS, SPENCER
Address: 44541-1 WOFFORD DRIVE
City-St-Zip: FORT RILEY, KS 66442 US

Title: MGRM () Delete
Name: ROGERS, ANGELA
Address: 44541-1 WOFFORD DRIVE
City-St-Zip: FORT RILEY, KS 66442 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROGERS, SPENCER L
Address: 19644 TIMBERBLUFF DRIVE
City-St-Zip: LAND O LAKES, FL 34638 US

Title: MGRM (X) Change () Addition
Name: ROGERS, ANGELA W
Address: 19644 TIMBERBLUFF DRIVE
City-St-Zip: LAND O LAKES, FL 34638 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SPENCER L ROGERS

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date